



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date Feb. 18, 1975		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received MAR - 4 1975		Application No. 75-83		Date Completed APR - 9 1975	
2. Agency Application No. DHR-DBP-11		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Benefits Payments Medicaid Section 47 Trinity Ave., Rm. 622-H Atlanta, Ga. 30334		4. Person to Contact Joe Kimbrough		5. Working Title Staff Supervisor		6. Tel. No. 656-4700	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.									
8. Earliest & Latest Dates of Series 1970 - present		9. Exact Series Title MEDICAID HOSPITAL FINANCIAL REPORT FILES							
10. What is the function of the office in which this record series is created? <p>The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care.</p> <p>Medicaid Section has the responsibility to review for accuracy and approve for payment to State physicians, hospitals, rental agencies, ambulance services, nursing homes, and home health agencies all Medicaid claims filed for reimbursement for services rendered to welfare recipients in the State of Georgia; and to answer inquiries and correspondence regarding Medicaid claims.</p>									
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). <p>Documents relating to maintaining annual financial statements of payments made to medical vendors, hospitals and to clarifying cost adjustments (supplementary or refunded payments) to the financial statements; on cost adjustments (supplemental or refunded payments) to the financial statement.</p> <p>Included are, but not limited to: Statement for Recipients of Medical and Health Care Payments (Internal Revenue Service Form 1099-MED, Copy C) identifying total annual amount of Medicaid dollars paid for medical and health care payments to hospitals, hospital's name, address and Medicaid identification number; correspondence between hospital and Medicaid office relating to questions and adjustments to Medicaid claims; supporting documents to back-up submitted claim such as "Statement of Inpatient Hospital Services"</p> <p>SEE ATTACHED SHEET ATTACH SAMPLES OF THE FILE</p>									
12. EQUIPMENT OCCUPIED		No. of Drawers		Cu. Ft. of Records		ANNUAL RATE OF ACCUMULATION		No. of Drawers Cu. Ft. of Records	
Letter-size File Drawers		15		15		FLOOR SPACE OCCUPIED (Square Feet)		5 15" drawers 5	
Legal-size File Drawers								In Office(s) In Storage Area(s)	
15 15" Power File Drawers				15				Power File	
						AVERAGE DAILY REFERENCES		This Year's Last Year's Preceding Year's All Prior Years	
								1 1 1 1	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series?
Selected information will be found in other Medicaid record series. ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☐ [] ☒ [X]
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? See item #24. ☒ [X] ☐ []
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. **REQUIREMENTS.** The following requires the files to be kept 4 years:

a. ☐ [] STATE LAW ☒ [X] STATUTE OF LIMITATION ☐ [] AUDIT PERIOD ☐ [] FEDERAL LAW ☒ [X] ADMINISTRATIVE DECISION ☐ [] HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

SEE ATTACHED SHEET

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☒ [X] CALENDAR YEAR ☐ [] FISCAL YEAR ☐ [] OTHER _____, then:

- ☒ [X] Hold in the current files area 6 month(s)/ _____ year(s):
- ☒ [X] Transfer to ☒ [X] State Records Center ☐ [] Local Holding Area; hold 3 1/2 year(s):
- ☒ [X] Destroy. NOTE: These files may not be destroyed until all audit questions are resolved.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify) _____

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <u>William M. Dyson</u> Date <u>Feb 24/1975</u>		OTHER REQUIRED SIGNATURES		DATE
26. Recommendations in paragraph 25 are:		<u>Joe Kimbrough</u> <u>William M. Dyson</u> <u>Carroll Hart</u> <u>Robert D. Thell</u>		<u>2-19-75</u> <u>4-8-75</u> <u>4-4-75</u> <u>4-9-75</u>
Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved Attorney General/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved		STATE RECORDS COMMITTEE		

Department of Human Resources
Division of Benefits Payments
Medicaid Section
47 Trinity Ave., Rm. 622-H
Atlanta, Ga. 30334

Page 3

#11

identifying hospital, address, medicaid recipient's name, attending physician's name, disability and diagnosis, hospital's itemized claim for services and supporting material; and related material.

Files are arranged chronologically by year of report; thereunder alphabetically *by name of hospital.*

#24

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds".

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.